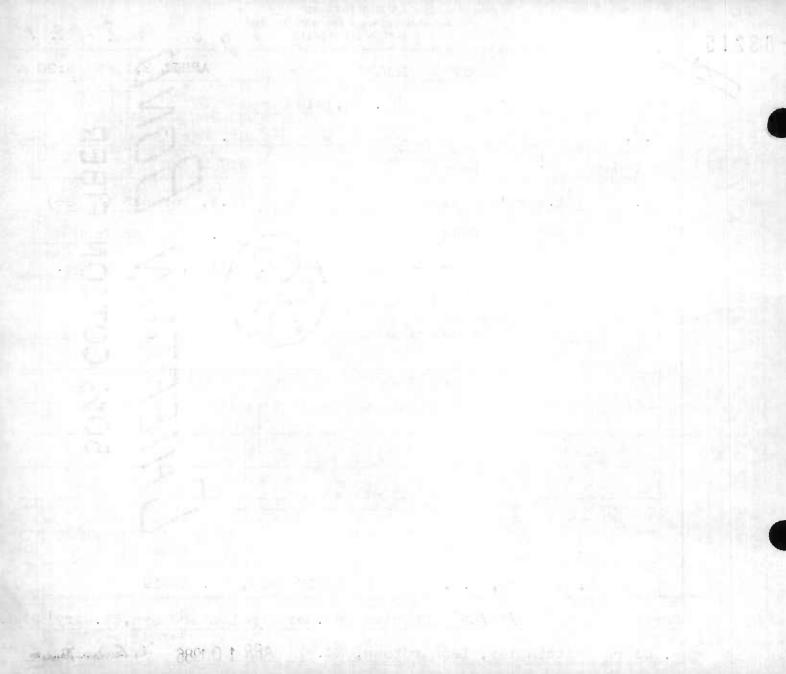
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-05205 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH & REGISTRAR 20. DATE KNOWN X 2b. HOUR DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-4-27-86 BRYAN BALLARD 2, AND 3 TO THE FURERAL DIRECTOR.
2 AND 3 TO THE FURERAL DIRECTOR.
3 SHOULD BE FILED. WITHIN 72 H. BERGONDS. 2010M PRESTON STREED. WITTITAM & AGE (IN YEARS IF UNDER TYR. 2d. HOUR 4. RACE IF UNDER 24 HRS 2c. DATE PRONOUNCED 16,1941 MALE 44 4-27-86 2 . 1 M 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MICHIGAN U.S.A. St. Mary's County WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION U.S. NAVY-RETIRED Mary's Hospital Leonardtown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 136 COUNTY T3d. INSIDE CITY LIMITS? ST. MARY'S 31 PINTO DRIVE 20636 MARYLAND HOLLYWOOD HOURS AFTER DEATH. IF VEM 18. GIVE PAGES 1, 2, A DNG WITH FORM PM 3. FERMIT. PAGES 1 AND 2 SHEEMIT. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST EMERSON FARRELL BALLARD BETTY ADDS PINTO DRIVE 166 SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 1960-1980 TOMMIE JEAN BALLARD, HOLLYWOOD, MD. 20636 386-42-3175 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Ners INTEL WRITING THE WORLD FEATURES FORWARDED TO THE CHIEF MEDICAL EXAMILYERS TOR PAGE 3 SHOULD BE USED SAS A BURNAL - TRANSIT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYMAND 21201 PRICR TO BURIAL, CREMATION, OR REMO Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED AT WORK AT WORLE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 31 AFTER DATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET CITY OR TOWN COUNTY X 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes X Hamicide ___ Undetermined manner Accident death resulted from TITLE (SPECIFY) Assistant MEDICAL EXAMINER 4-28-86 SIGNATURE MargaritaA. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 4/30/86 ST. ANDREWS EPISCOPAL LEONARDTOWN. ST. MARY'S, MD. BP. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD. Tuna wayabar - , - " (VR A15 ME (5) 1005 20M 4/B2

3215		FOR STATE REGISTRAR		PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	B REO. N		4 2
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PHOSPITAL OR ATTENDING PHYSKIAN. The form required to the housted or attending physicion. 2 FUNERAL DIRECTOR: After this certificate has been signed out to be detached for use as the barriof-frontis great. That is did the force Dept of Health and Mantral Hygiene prior to but PORTANT. If then 21 is marked or them 18 shows Dry tripure.	AL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (HETHER NOTHY MEDICAL EXAMINI 21d INJURY OCCURRED AL NOT WHITE AT WORK 22a. I certify that (1) (this hasp	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AI HOME STREET, FACTORY, Contail) attended the deceased in the body after death	WHICH OPERATION H DAY YEAR 19 DEFICE FARM ETC.)	211 LOCATION STREET 211 LOCATION STREET 19 and that in (my) (aur) aprision of the physician physician [22e ADDRESS]	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, WERE IN CERTIFYING O YES RY IN ITEM 18 PART I OR I WN COU The and hour and free and hour and free IAN 226	FINDINGS USED CAUSES OF DEATH? NO PART ?) UNITY STATE
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completely filled in by the funeral director, page 3 , 2 and 2 should be filed within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		L -	-2. W.		1		ATTENDING	MEDICAL DIRECTOR	STAFF	n AC.	12,1906
1			Y'S NAME (TYPE O	OR PRINT)			220 ADDRESS 19				7
		EDWIN 6	E. WEST	URA. MI	0		LZONADOTO				2-0676
1	23a B	BURIAL, CREMAT				23c NAME OF C	EMETERY OR CREMATOR			2 200	70
		Burial		04/25/	/86		City Cemeter	CITY C	irfax	Fairfax	Virginia
	24 FL	JNERAL DIRECTO	Lee Fur	eral Ho	me. Ir	nc.	25a. C			REGISTRAR'S SIGN.	

TO FUNERAL DIRECTOR

BP.

OHMH-16 60M 7/84 NAME (VRA 15, 4) 6633 Old Alexander Ferry Road Clinton, Md 20735

APR 25 1985

SOL TOUR WILLIAM

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22c. DATE SIGNED. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Leonardtown, Md. 20650 Edwin E. Westura, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION BÜRTAL HOLY FACE CEMETERY LEONARDTOWN, ST. MARY"S" MD. 4/19/86 24 FUNERAL DIRECTOR Julia Davidson-Handelle W. CLARKE MATTINGLEY, LEONARDTOWN, MD. (VRA 15, 4)

STATE OF MARYLAND

26 HOUR

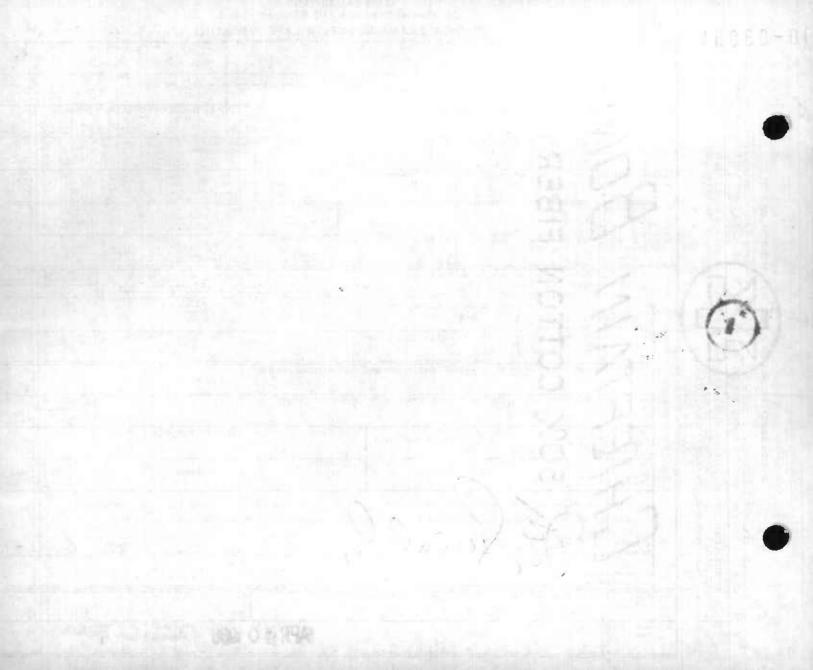
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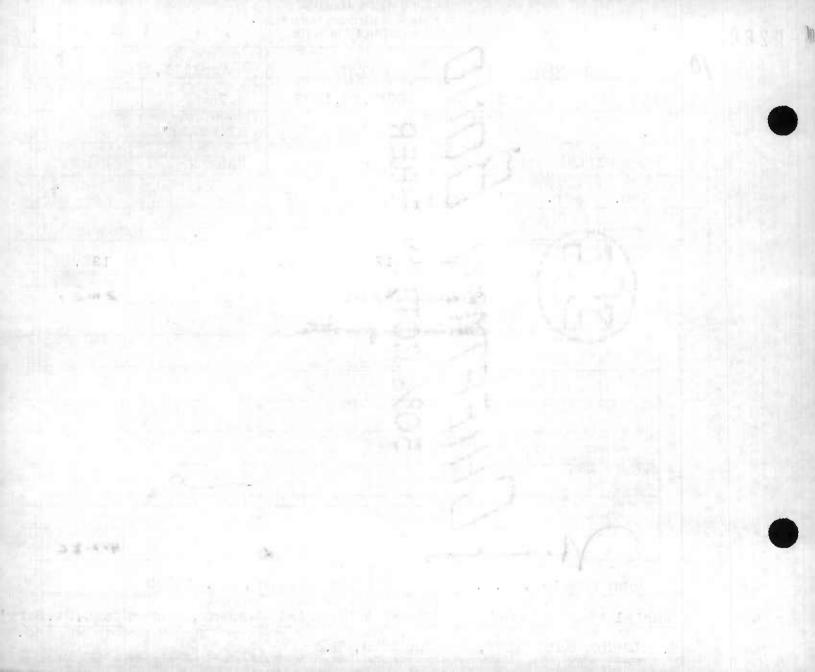
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IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS ALREOGROS, 201 W. PRESON STREET,	New Yor	ck	U.S.			WIDOW		DIVORCE	-		St.	Mar	VIS	Count	у мр.
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may her do	1 SE)		RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH	MONTHS		UNDER 24 HRS
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AND 212	SUA	LERESIDENCE IF NURSING HORE OR OTH TATE NO COUNTY	13 CITY OR TOV	RE ADMISSION) VN 13d. INS RASANT YES [_ / _	13. STREET ADDRESS	eat Ple	20 asan7	743 Dr.
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WAS AS ANA

STATE OF MARYLAND

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84681	1 - STATE REGISTRAR				EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 PEG. NO	12	4 3 3
	DECEASED NAM	NE FIRST	WIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
de de de	TYPE OR PRINT!	GEORG	E KELLY	CARTER		April 9.	1986	11:00 ^A
1 1 3	SEX		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1	YEAR IF UNDER 24 HRS
S I	Male		Black	May		77	YRS.	AVS MIN.
50 1	BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT CO	OUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEAT	Н
اللق	Md.		USA	WIDOWE	D DIVORCED	St. Mar	y's Count	
7	O CITY OR TOWN	OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O		ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		ND OF BUSINESS OR TRY
de	Leonard			ry's Hospi	tal	Cook		
35	Md.	13b COUN	other institution, give reside lary s 136. CITY Mec.	ORTOWN	13d. INSIDE CITY LIMITS?	Rt. 1, B	ZIP CODE OX 155	0659
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medico	60 WAS DECEASE	EDEVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT			Delivery
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 28 DATE OF DEATH MONTH 75 HOUR COMPANION SHAPE MARY APRIL 24,1986 HILDA CHESELDINE # RACE A AGE INVESTIGATIONS S. DATE OF BIRTH JAN.9,1906 FEMALE WHITE BIRTHPLACE | LIVER OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRED LINEVER MARRIED COUNTRY MD. WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION IS CITY OR TOWN OF DEATH 12a: USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ACCRESS) THE OF WORK FOR MOST OF WORKING LIFE | INDUSTRY ST. MARY'S HOSPITAL BUDGET & FINANCE TELEPHONE LEONARDTOWN 13x STREET ADDRESS / ZIP CODE MD. COLTONS POINT GEN. DEL. 20626 A FATHER'S NAME IS MOTHER'S MAIDEN NAME HIDDLE WILLIAM PILKERTON MARION OLIVER ADDRESS. Mr. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 13E IVES NO DE UNENCIONAL I IF YES GIVE WAR OR DATEST NO 577-09-1158 GEORGE FREDERICK CHESELDINE, PART I DEATH WAS CAUSED BY MANAFOLATE CAUSE IS Conditions, if any, which gove rise to immediate come in stating the DUE TO OR AS A COMPEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE N. DATE OF OPERATION 18. CONDITION FOR WHICH OPERATION WAS PERFORMED No AUTOPSY? 78h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NOT VES (21a ACCIDENT WAS UNDERLYING [THE TIME OF INJURY THE HOW INDURY OCCURRED (ENTER NATURE OF INJURY IN VITRE 18, PART I CHEMAN 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH AR EITHER, PACIFY MEDIC AL EXAMINANT 71¢ INJURY OCCURRED He PLACE OF INJURY THE LOCATION AT HOME STREET, FACTORY, OFFICE FARM, CTC.) COUNTY WHOSE D NOT WHILE D 22s.1 certify that (It Ithis haspital) attended the deceased from nbove, (it is the deceased alive or and that in Imy! (an opinion death occurred on the date and hour and from the course stated rdeath 12h SIGNATURE ATTENDING T MEDICAL SUBECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME J. PATRICK JARBOE /M.D. LEONARD TOWN, MD. 20650 730. BURIAL CREMATION, REMOVAL 73h DATE 73c NAME OF CEMETERY OR CREMATORY INFOCKS)

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

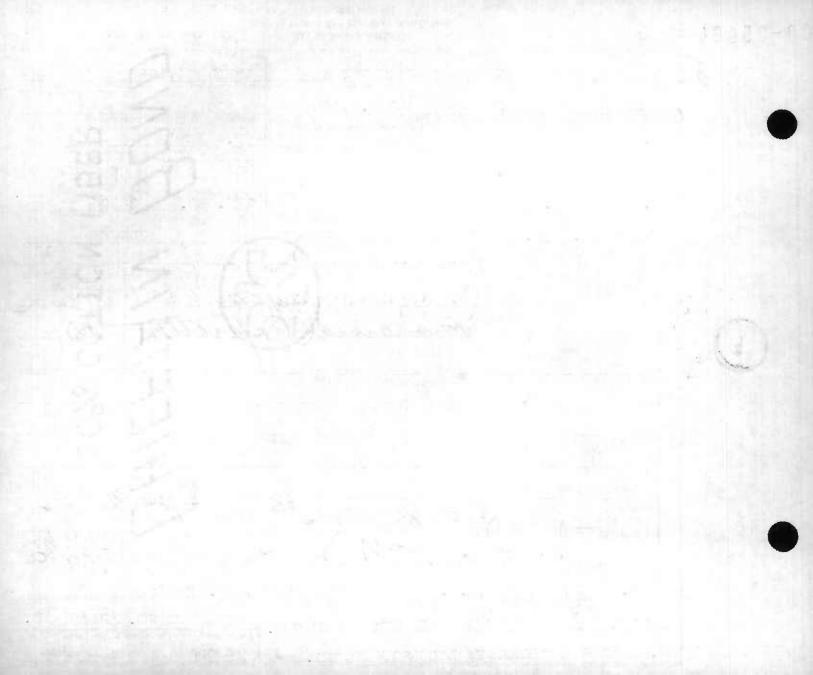
74. FUNERAL DIRECTOR

W. CLARKE MATTINGLEY, LEONARDTOWN.

BUSHWOOD ST. MARY'S

CEM. DATE REC'D. BY REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

MINISTER PRESENT DESCRIPTION OF STREET P. 1906

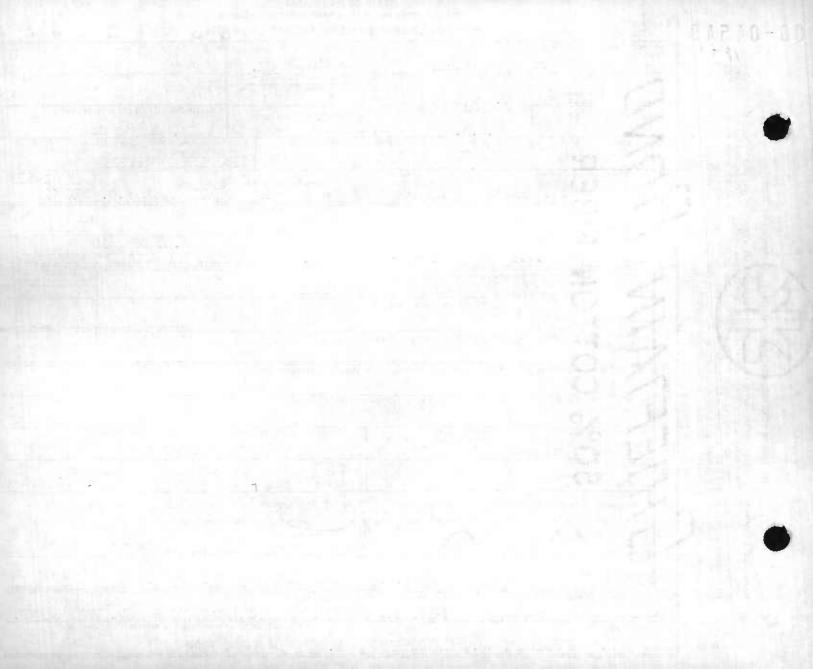
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH & REGISTRAR REG. NO DECEASED NAME DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-TOPLAY IS NECESSARY, PLEASE 3 TO THE FUKERAL DIRECTOR—AIN PAGE 5 FOR YOUR FILES—AIN PAGE 5 FOR W. PREJON STREET, 1086 19 Albert JOSEPH Fortin DEATH MATED SR. 4. RACE DATE OF BIRTH IF UNDER 24 HRS 24 HOUR 6:04 DATE LAST BIRTHDAY) PRONOUNCED 19 , 86 DEAD MALE WHITE NOV. 05,1897 88 DM 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY MAINE U.S.A. DIVORCED St. Mary's County WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS LEONARDTOWN OR INDUSTRY M HOURS AFTER DEATH, IF ANY TEM 18, GIVE PAGES 1, 2, AND 3 TO THE ONG WITH FORM PM 3, RETAIN PAGES 1, AND 2 SHOULD BE FILL PAG REAL ESTATE BROKE XXXXXXXXXXXXXXXXX Mary's Hospital 20650 ST. MARY'S 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND LEONARDTOWN KNIGHT ROAD, P.O. BOX 419 NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ROCHON PHEDINE FORTIN JULIA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT P. 19 P. 19 YES W.W.I 579-30-6855 MRS. RUTH FORTIN, LEONARDTOWN, MARYLAND 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY. Blunt chest trauma NAMEDIATE CAUSE (a) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WHITHIN EXECUTE THE CERTIFICATE. WRITING THE WORD "FENDING". IN PENCIL IN TIE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALD TO FUNERAL DIRECTOR: BAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PAFER DEATH, WATH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGI BAILTMORE, MARY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGI BAILTMORE, MARY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGI BAILTMORE, MARY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGI SHELTMORE, MARY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGI SHELTMORE, MARY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGI SHELTMORE, MARY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGI SHELTMORE, MARY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGI SHE DEPARTMENT. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURYAYMY MONTH DAY YEAR UNDERLYING XXOR 19 86 Driver of auto/auto collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC } COUNTY St. WHILE AT WORK street Aicport Rd Hollywood 220 I certify that I taak charge of the remains described obove, held an Autopsy Inspection and in my opinion death resulted fram Hamicide. Undetermined monner TITLE (SPECIFY) ACTUAL DATE 4-20-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Dennis WF. Smyth. M.D. 111 Penn ST., Balt., MD (TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION BURIAL 4/23/86 CHARLES MEMORIAL GARDENS, LEONARDTOWN, ST. MARY'S, MD. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD. (VR A15 ME (5))



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

S REG. NO.	
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00-05320	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B REO NO.	2 4 3 8
12	1. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
oy be	ALBERT 3. SEX	TAFAYETTE	GRAVES 15. DATE OF BIRTH	April 29, 1986	1:18P M
oft.	Male	White	June 3, 1907 YEAR	70	ONTHS DAYS HOURS MIN.
Pog direc	TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
er of h.	Md.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	St. Mary's C	lassades un
p 5	10 CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b, KIND OF BUSINESS OR
opy the sleed of	Leonardtown	St. Mary 8	Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) Laborer	U.S. Gov.
VD 212	USUAL RESIDENCE (IF NURSING HOME (130. STATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS / ZIP CODE Rt.1, Box 104	
YLAP	M FATHER'S NAME		15 MOTHER'S MAIDEN NA		A (20033)
MARYI ted with lond 2 is	Lafayette	Graves	Nellie		Plumer
AORE ond co		GIVE WAR OR DATES)		ADDRESS Rt.	
JIM on o rs. Po	No	215-14-	-7292A Wm.Roger	Graves, Mechani	
ficate be execuphysician and composers. Pages in moval.		anly ane cause per line for (a), (b), and SED BY:	prentory Ames	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he deoth cert he attending F emove corban mation, or ren r troumatic ev	IMMEDIA	DUE TO, OR AS A CONSEOU			
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c es		conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 11a
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir catter this certificate has been signs of the burial-transit permit. Then the and Mental Hygiene prior to be orked or Item 18 shows any injury and correct or Item 18 shows any injury or orked or Item 18 shows any injury orked or Item 18 shows any injury or the or Item 18 shows any injury or Item 18 shows and Item 18 shows any injury or Item 18 shows and Item 18 shows any injury or Item 18 shows and Item 18 shows any injury or Item 18 shows and Item 18 shows any injury or Item 18 shows and Item	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
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3 0 E		pital) attended the deceased fram_	19_54	, to 4/29 1	9 that (1) (we) last
Spitol Spitol CTOR I for up He of He		view the bady after death.	and that in (my (aur) apinion	deoth occurred an the date and hour	and fram the causes stated
the hor the hore to the bond t	226 SIGNATURE	Alla	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	220 DATE SIGNED
SPITA LERA Store	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHISICIAN	1/2/11
TO HOSPITAL retained by the TO FUNERAL should be deto with the Store IMPORTANT: If	David Al	len. M.D.	Leonardtov	m. Md . 20	650
5 g 5 d ₹ ₹	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	Burial	5/2/86 M	t.Zion Cemetery	Laurel Grove	St. Mary STATE MC
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	ADDOLLS	250. DA	TE REC'D. BY REGISTRAR 25b. REGISTR	
(VRA 15, 4)	W. Clarke Mat	tingley, Leona	ardtown, Md. M	AY 11 1986 1 100	eviden-Randalle

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AL RE	111	7	CERTIFICATION		-	1					YES NO	-	YING CAUSE	S OF DEATH	1?
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Cedar Hill

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEAR 15 SPECERY 25 SP

Pr. Geo. MI Cemetery 25a. DATE REC

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Elective of Alan and Marwood Charles (Kalinder and Maria)

STATE OF MARYLAND

8	REO NO.	
U	REG. NO.	

00-04047	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	6	126	41
/	1. DE	CEASED NAME FIRST		MIDDLE	L.	AST	20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
4 be	(TYP	JANE		PAUL		EAR	web	15, 1		3:40A
to to be a mo	3 SE	x aale	4 RACE White		5. DATE C	1 14,1903	6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
Poge		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	9				RS. INTY OF DEATH	
deoth I		Md.	USA	WHAT COUNTRY	MARRIE	NEVER MARRIED DIVORCED DI		Mary's		MD.
Softer of the full of the full of with		eonardtown	(IF NOT IN SU	CH FACILITY GIVE STREET	ADDRESS)	spital	Home N	CUPATION DR MOST OF WORKII LAKER	NG LIFE) 12b. KIND O INDUSTRY	F BUSINESS OR
filled in rould be	1.0.		ary s	GIVE RESIDENCE BEFOR	/NI	134 INSIDE CITY LIMITS?	Rt. 2	DRESS / ZIP C	in 20	650
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ore, ind corruptions of dicole	16a \	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES. GIV	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	2.7	ADDRESS	7.1	
De e be e rs. Po		No		215-38	-6772	Mary R. Be	ell, 1	Leonar		
rificate physic physic smoodl		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	D BY	Vers here	- 0	hillatin			BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN. The low requires that the death certificate be executed within 2d hours of the ordering physician and completely filled in by the this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the medical from the filled in the medical example. The medical example is the property of the medical example in the property of the medical example.		Conditions, if any, which		OR AS A CONSEQU	ENCE OF	e Infaco	fun		116	ag s
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N RECO	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPS	20b. IF	FYES, WERE FINDIN ERTIFYING CAUSES YES	GS USED OF DEATH?
JOF VITA SICIAN T OF physics certificate riol-transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	OF INJURY .M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTERNATUR	E OF INJURY IN ITEM	A 18 PART I OR PART 2)	
OVISION Offendin Ter this as the but h melt	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ATTENDIA spitol or CTOR. Afor use of Health		22a 1 certify that (1) (this haspe sow the deceased alive on abave, (1) (we) (did) (did no				d that in (my) (our) opinion i	deoth occurred o	on the dote and	hour and from the	
TAL OR A y the horse RAL DIRE detoched detoched vote Dept.		1276 TONATURE	مسا		ו		MEDICAL DIRECTOR	STAFF PHYSICIAN [22c. DATE	1. FC
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Of 57 8 8	23o. (URIAL, CREMATION, REMOVAL	23b. DATE	236. 1		METERY OR CREMATORY	23d LOCATIO	NC		
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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR W. CTarke Mattingley, Leviardtown, Md.

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St. Aloysius Cem. Leonardtown, St. Mary's Md.

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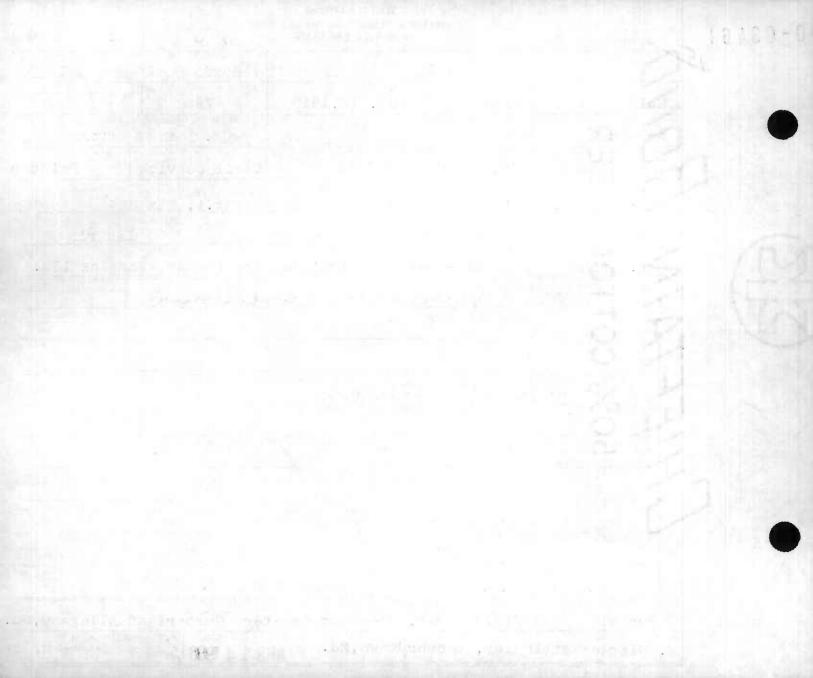
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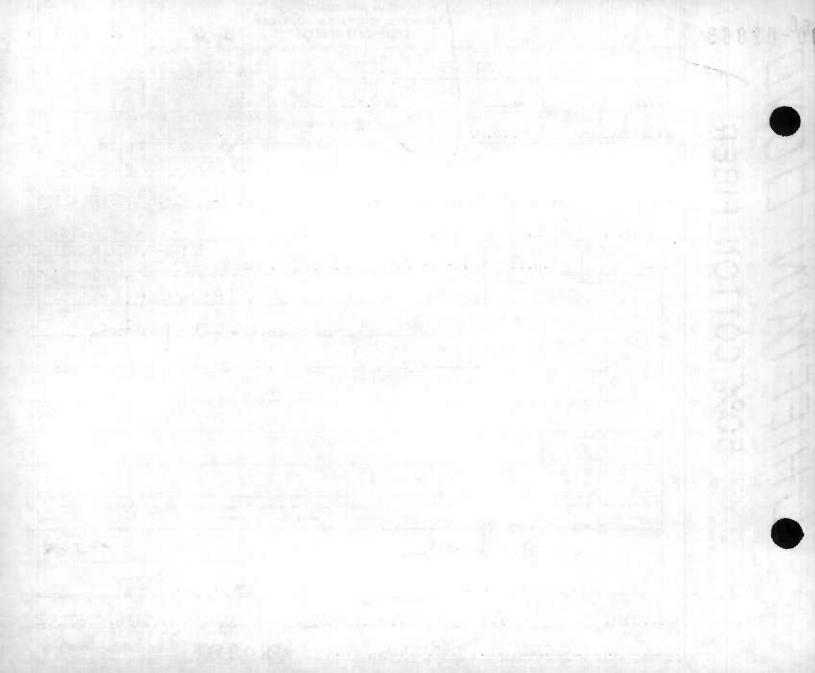
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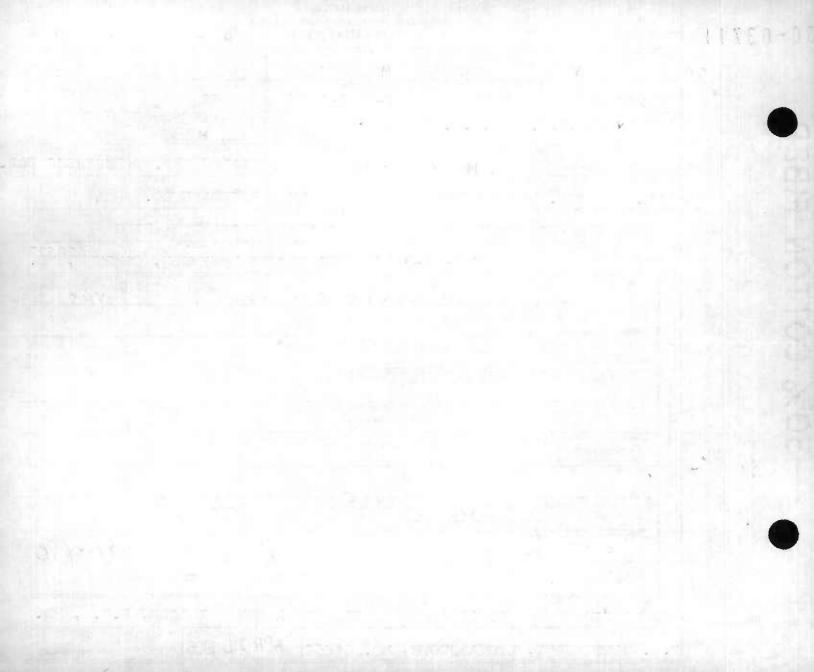
24 FUNERAL DIRECTOR W. CTarke Mattingley, Leonardtown, Md.

REGISTRAR 256 REGISTRAR'S SIGNATURE in when more march to



STATE OF MARYLAND





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH & 20. DATE KNOWN YPE OF PRINT CARL. HEINZ MUCHOW DEATH MATED April 4. RACE SEX 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR March 29,1 PRONOUNCED Male White 28 April 28 19 86 DEAD Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED Washington, D.C St. Mary's USA DIVORCED _ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY St. Mary's Hospital Md. State PolicePolice Leonardtown Rt.2, Box 728 (20636) St. Mary's HOLLYWOOD 13d INSIDE CITY LIMITS? FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Frederick Muchow Elise Alexandrine Geise 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 579-28-7867 Patricia Ann Muchow, Same as 13e. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME II LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an and in my apinian Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. MEDICAL EXAMINER EXAMINER'S NAME TYPE COPPRINT **ADDRESS** 230.BUR A CHEMATION REMOVAL TO MATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 5/2/86 Cremation Cedar Hill Cemetery Suitland P.G. Md. 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Člarke Mattingley, Leonardtown, Md. (VR A15 ME (5))

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	he fe	10	CITY OR TOWN OF DEA	TH 1		HOSPITAL, NU			OTHER INSTITUTION		USUAL OCCUPA			OF BUSINESS OR
503	by t		Leonardtown		St.	Mary's	Hosp:	ital	1		Civil Se	ervice		
212	hou d in d in d see	U	SUAL RESIDENCE (IF NURS	136 COUNT		13c CITY OR			136 INSIDE CITY LIMI	ITS? 113	e.STREET ADDRESS	ZIP CODE		
ON A	Zz tille)	Md.	St.Ma	ary's	Holly	wood		YES NO X		Rt.3, I		0 (20	636)
RYL	1 2 see 1 8	1/14	FATHER'S NAME	MI	DDLE	LAS	1	1	15. MOTHER'S MAIDE	ENNAME	MIDDLE		1.65	
WA	A ()	1	James		J.	Norr	is		Myrt	tie			Wood	
ORE,	Second Second	16	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL	SECURITY	10. 1	17 INFORMANT		ADD	RESS		
IIW	Pogo - Pogo	L	No	, , , , , , , , , , , , , , , , , , , ,		220-9	7-41	53	Mary Lou	uise	Norris	Sam	e as	13e.
BALI	rsicro rsicro spers vol. t, the		18 CAUSE OF DEAT	H (Enter anly	ane cause per	r line for (a), (b	o , and (c).						APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
T.	physical phy			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypo Kennico							lu .			
NO	th ce			DUE TO, OR AS A CONSEQUENCE OF										
EST	deat ove ove tion			Conditions, if ony, which (16) Clercenous, Metastate breen: 1 mo.										
PR.	that the death or d by the attendin lease remove carb ial, cremation, or or other traumatic		cause (a), statin	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
5	that d by ease ou, ca		underlying cause	underlying cause last. (c) Carcumo lung										
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	gne gne en pl buri buri			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									ā	
ORD	n si The		19a DATE OF OPERA											
EC	4 4 6	21	19a DATE OF OPERA	ION	196 COND	ITION FOR W	HICH OPER	ATION	WAS PERFORMED		20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
A	7 5 2 d 1 2 d 1										YES NO	YES		NO []
2	24 00 E		On CONTRIBUTION 1		216. TIME C	of Injury M. Month	DAY Y	EAR	21c HOW INJURY O	CCURRED	ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT OR PART 2)	
ō	80 961 1/		(IF EITHER NOTIFY MEDI	CALEXAMINER)	P.	M		19						
SIOI	1 1 1 2 2 3 B		21d INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OI	FFICE FARM ET	()	21f LOCATION STREET		CITY OR	OWN	COUNTY	STATE
N	St. Set a		AT WORK AT WO	RK										
	G B S S S S S S S S S S S S S S S S S S		220.1 certify that (1)		l) attended th	e deceased fi			, 19		, to	. 1		that (I) (we) last
	The party of the		abave, N) (we) (a	did) (did nat)	view the bady	after death.	.19		that in (my) (aur) ap	oinion dec	ith occurred an the	date and haui		
	D P C P C P C P C P C P C P C P C P C P		The SIGNATURA		¥ ~			DE	EGREE ATTENDI	ING #	MEDICAL ST	ΔFF	220 DATE	
	A TABLE	7	22d. PHYSICIAN'S NA		تسار	>				IAN DE	MEDICAL ST DIRECTOR PHYS	ICIAN 🗌	1.6.5	06
	HOSPITA DINEEL COLID BE DE THE SEC POSTAN	/						-	22e ADDRESS		26 2	1 006		
	To Do To			John Fenwick, M.D. Leonardtown, Maryland 20650										
		23	Bo. BURIAL, CREMATION,		23b. DATE	Dane	23c. NAME	OF CEA	METERY OR CREMAT	ORY	23d. LOCATION		COUNTY	STATE
	BP		Burial		4/5/8	6	St.	Joh	nns Ceme	tery	Hollyw	ood, S	ot.Mar	y's Md
(DHMH - 16 60M 7/84	24	FUNERAL DIRECTOR	75 1.1	1 7	- ADDR			1 25	a. DATE R	EC'D. BY REGISTRA	RI 256. REGISTR	AR'S SIGNAL	URE
	(VRA 15, 4)		W. Clarke	Matt	ingle:	y, Lec	onard	LOV	wii, Ma.	APT	04 1980	U		

Leonard town . Bt. Horge's resulting

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John Januardo, H.J.

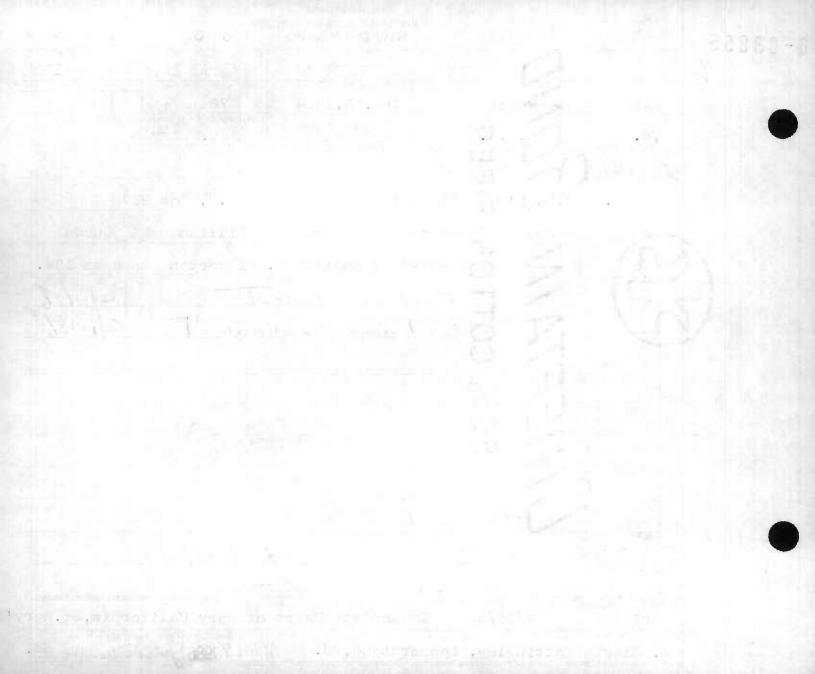
C a courd born, maryland 20650

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Lt. Marge a County

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completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then please remove carbanpape with the State Dept. at Health and Mental Hygiene prior to burial, crematian, or removal injury, or other traumatic event, the medical

IMPORTANT: If them 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

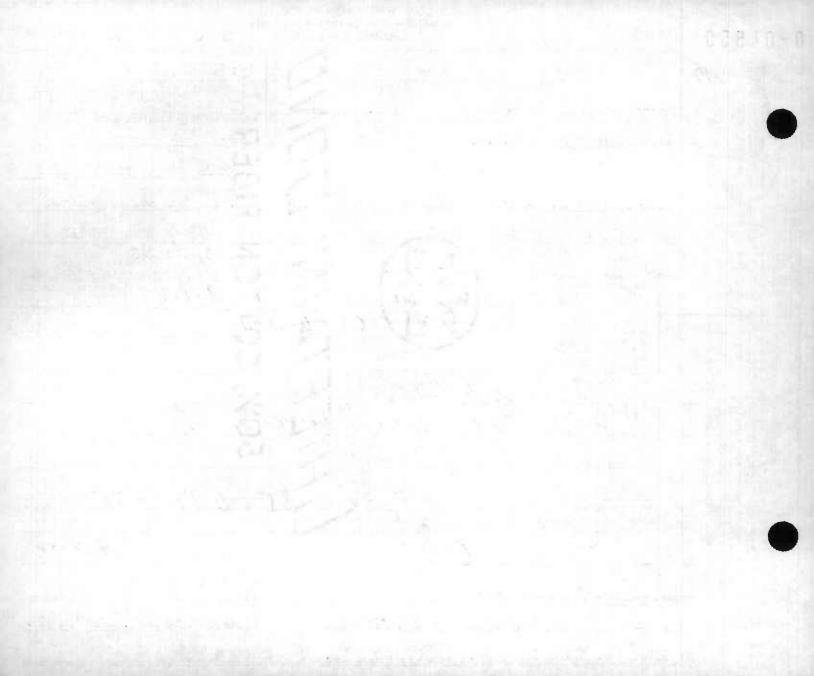
8	REG. NO.	1	2	64	A	-
	MEG. TTO:					_

	FOR STATE REGISTRAR		DEPARTA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 6 1 2 4 6							
	T DECEASED NAME FIRST	A-	AIDDLE		AST	1 20 D	REG. NO.	DAY YE	AR TAL HOUR	,,,	
	(TYPE OR PRINT) LEONAR				RUSSELL		April 17, 1986 2b Hour $3:15P_{M}$				
	3 SEX	4 RACE		5. DATE C		6 AC	E (IN YEARS LAST BIRTHDAY)	IF UNDER 1			
	MALE	WHITE	-	SEPT			63 yr	S	, and a second		
H	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	MARRIEI	NEVER MARRIED		LTIMORE CITY OR COUN				
	MARYLAND	U.S.A	- 0	WIDOWE			ST, MARY'S		MD.		
2	LEONARDTOWN	ST.	MARY	HOS	PITAL	(TYPE	JSUAL OCCUPATION OF WORK FOR MOST OF WORKIN OREMAN	GLIFE) INDUS	ND OF BUSINESS OR STRY ATE ROADS		
9	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b. COU	NTY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMIT	S? 13e S	TREET ADDRESS / ZIP CO	ODE			
	MARYLAND ST.	MARY'S	HOLLYWOO		YES NOX	R	T. #1, BOX 2	245	20636		
Page 1	14 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		IZAL		
of the	LEONARD	CECIL	RUSSEL		SUSIE		MAE		BOWLES		
	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	R	T. #1, BOX 2	245			
	NO		220-16-	8882	IRENE DZUF	RKO, H	OLLYWOOD, MA	RYLAND	20636		
	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT	gonditions <u>co</u>	rite	DEATH BUT	2		- min				
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFE MEDICAL EXAMINE 21d IN JURY OCCURRED	21b. TIME OF HOUR A.A	CUUD EINJURY A. MONTH DA	MIL	0	ery "		RTIFYING CAL YES [NDINGS USED USES OF DEATH? NO IT 2)		
	AT WORK AT WORK		EET FACTORY OFFICE FA	ARM ETC)	711 LOCATION	Pr	COTOR TOWN	COUNT	Y STATE		
	220.1 certify that (I) (this hasp saw the deceased give or above, (I) (we) (dia) (did p 22b. SIGNATURE	16.1) 10 /		d that in (my) (our) opin	nion deoth (occurred on the dote and b				
_	22d. PHYSICIAN'S NAME (19PE	DR PRINT)	w		ATTENDIN PHYSICIA 22e ADDRESS	IG MEI	OICAL STAFF CTOR PHYSICIAN	4	ATE SIGNED		
	A. SAMAI	I, M.D.			LEONARDI	NWO1	MARYLAND	2065	0		
	230 BURIAL, CREMATION, REMOVAL	236 DATE	23¢ N	AME OF CI	EMETERY OR CREMATO	ORY 230	LOCATION	COUNTY	STATE	6	
	BURIAL	4/21/8	36 S	T. AL	OYSIUS		EONARDTOWN,	ST. MA	RY'S, MD.		
	24 FUNERAL DIRECTOR				250	DATE RECT	BY PEGISTRAPIZE DEC	ISTDAD'S FIC	NIATURE		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.



1-17986

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25		8.
34	REG. NO.	-
V	REG NO.	

20622

4-7-86

LYON

2h HOUR

- STATE CERTIFICATE OF DEATH REGISTRAR DECLES HEAME 20 DATE OF DEATH MONTH April 5, 1986 HARRY EDWIN RUTT 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MARCH 30, 1916 MALE WHITE TA BIRTHIPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED PENNSYLVANIA U.S.A. St. Mary:s County WIDOWED 17h. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY St. Mary's Hospital LIVESTOCK DEALER Leonardtown WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13h COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND MARY'S CHARLOTTE HAL RT. #5. BOX 11 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME HARRY RUTT, SR. GRACE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO RT ADD#55, BOX 11 17 INFORMANT MARGARET E. RUTT, CHARLOTTE HALL, MD. 20622 W.W.IJ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: CUTE RESPIRATORY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF ESOPHAGU Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram_ and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated saw the deceased alive on_ abave, (1) (we) (did) (did not view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN 77e ADDRESS

Chas. Prof. Bldg. Suite 200 Waldors

Kishan Mathur, M.D. 230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

BURIAL 24 FUNERAL DIRECTOR

FOR

TRINITY MEMORIAL GARDS. WALDORF CHARLES. MARYLAND

who Davidson-

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

4/8/86

DHMH - 16 60M 7/84 (VRA 15, 4)

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Tr. Miles Committee

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STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE KNOWN F LTYPE OR PRINT ESTI-DEATH MATED IF UNDER 24 HRS LAST BIRTHDAY) PRONOLINCED May 30,1919 DEAD Black 66YRS Male b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY St Mary's Maryland 10. CITY OR TOWN OF DEATH 120 SUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) California Shoe Repairman JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Maryland St Mary's 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Gen. Del 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hawkins John Arthur Spr iggs Elizabeth XA BXXXXXXXXXXX Cora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO 16T9 Gainsville St. SI I LIE YES GIVE WAR OR DATES No 212 16 3093 John R. SpriggsWashington, D.C. 20020 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: UDDEN minher Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO THE 218 EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 7 22a I certify that I took charge of the remains described above, held an death resulted fram Undetermined manner SIGNATURE, EXAMINER'S NAME NO N 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial April 24,1986 Harmony Memorial Park Landover Prince George's MD 07/84 25M 24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC. DHMH - 17 (VR A15 ME (5)) 4339 HUNT PLACE, N.E. WASHINGTON D.C. 20019

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	1			STATI	OF MARYLAND		
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		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
t get 3	1111	LO()	5 W:1	liam	Staltz	April 9	1986 2:05 AM
you bo	3. SE	х	4. RACE		F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	110	male	Cauc.	MA	mh 4. 1900	860 v	RS. MONTHS DAYS HOURS MIN.
Po Po		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY?	NEVER MARRIED	9. BALTIMORE CITY OR COU	INTY OF DEATH
death John 7	/ I .	innesota.	USA	WIDOWE		St. Man	y'S MD. MD
i 25	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION	176. KIND OF BUSINESS OR
201	Cr	arlotte Hall	Chadotie H		erans Home	YARDMASTER	WASH TERMINAL
1 hou thou	130.	AL RESIDENCE (IF NURSING HOME OF	NTY 130 CITY	NCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
RYLAND within 24		np Min	ce GeorgeHYAT	TSVILLE	YES NO	2209 DREXEL ST	TREET 20783
With with d 2 d 2	211	ATHER'S NAME FIRST		LAST	15. MOTHER'S MAIDEN NA	WIDDIE	LAST
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Sand one of one		WAS DECEASED EVER IN U.S. A	TIT TOO DATEST	AL SECURITY NO.	17. INFORMANT SON	ADDRESCO.	llege Park, Md.
LTIM	-	YES 1 WW		14-9722	Louis W. Sto	Ltz, Jr. 9513 50	0th Place 20740
, BA fireate fireate pape laval		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS			LANY APA		BETWEEN ONSET AND DEATH
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death death ave cal		Conditions, if any, which	DUE TO, OR AS A CO	NSEQUENCE OF			
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RDS equi	NO.	MULTIPLE.	STROKES.	ADVAN	(F) PARK	WSIN'S DI	SEASZ-
ECO ow r	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	WAS PERFORMED	20a AUTOPSY? 20b. 1	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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SKIA ng ph riol-st	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19			
DIVISION OR PHYS offer this cas the bur th and Me	WED	21d. INJURY OCCURRED	218. PLACE OF INJURY		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVI ING After as the		WHILE NOT WHILE AT WORK		- III		11/2	
END of o DR.)		220.1 certify that (1) (this hasp sow the deceased alive a			d that in (my) (aux) appoins		hour and from the causes stated
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toche PER	- 12		11 1/0.	//		MEDICAL STAFF DIRECTOR PHYSICIAN	
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Of Of Man	230	BURIAL CREMATION, REMOVA	L 23b DATE	23¢ NAME OF C	EMETERY OR CREMATORY	123d. LOCATION	in Derivity
BP		(SPECIFY)	4-11-1986		nam Cemetery	Cheltenham	Maryland
	24. F	UNERAL DIRECTOR FRANCE	s J. Collins	. Jr.	25a 25A		GISTRAR'S SIGNATURE
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DEPARTMEN

T OF HEALTH AND MENTAL HY	GIENE	-	
ERTIFICATE OF DEATH	O	REG. N	10.
LAST	2a. DATE OF	DEATH	MON

1	REGISTRAR		CEKIII	ICATE OF DEATH	O R	REG. NO.	Grap 5				
1	1. DECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR			
1	(TYPE OR PRINT) CLARE	SAPPINGTON	WI	LKINSON		APRIL	24,1986	1:05p. M			
	3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DATS				
	FEMALE	CAUCASIAN	DEC		93	YRS		HOURS MIN.			
12	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	TY OF DEATH				
	MARYLAND	U.S.A.	WIDOWE		ST.	MARY'S		MD.			
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCC	CUPATION MOST OF WORKING		OF BUSINESS OR			
	LEONARDTOWN	ST. MARY'S NU.	RSING	HOME	HOMEMA		(IFE) INDUSTRI				
H	USUAL RESIDENCE (IF NURSING HOME OF 13a. STATE 13b. COUR			113d. INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP CO	DE				
Ś		MARY'S DRAYDEN		YES NO X	WEST BA	ANK	206	30			
A	14. FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA		IDDLE	LAS	ST			
	DR. PURNELL FL	ETCHER SAPPINGTO	ON	BESSIE	CL	ARE	RINGO				
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	JRITY NO.	17 INFORMANT		WEST BA	NK				
	(YES NOOR UNKNOWN) (IF YES GIV	217-03-	4435	ELIZABETH S	. EGELI,	DRAYDEN	, MARYL	AND 20630			
		nly ane cause per tipe for (a) pon	die /		1		APPROX BETWEEN	ONSET AND DEATH			
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	Dul	monaryta	elen		da	us)			
		DUE TO COMAS A CONSEQUENCE OF O A A D									
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	gave rise to immediate cause (a), stating the	111									
	underlying cause last.	(6)	V				V				
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	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	P.M. 19 ACE OF INJURY 21f. LOCATION								
	WHILE I NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, I									
	AT WORK — AT WORK	talk attended the deceased from_	. /	10/97	77) 10	4/54	8/2	that (I) (a) lost			
	saw the deceased alive an	1 4 1 8 19 8	36 , 01	nd that in (my) (one apınian	death accurred ar	the dute and he					
١	22b. SIGNATURE	n: view the body after trebth.	/	DEGREE			222 D \$1E	SIGNICA			
	100/	120010H	W	ATTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF	4/1	1786			
1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	-	22e ADDRESS		THE SECTION OF THE SE	11	1			
	J. PATRICK JA	ARBOE, M.D.		MEDICAL ARTS	S BLDG.,	LEONARD	TOWN. MI	20650			
	230 BURIAL, CREMATION REMOVAL			EMETERY OR CREMATORY	23d. LOCATIO	N					
	Burial A	pril 26,1986 Chu	rchvi	11emeterkyter	ian Chur	chville	Harfor	d Md.			

DHMH - 16 60M 7/B4 (VRA 15, 4)

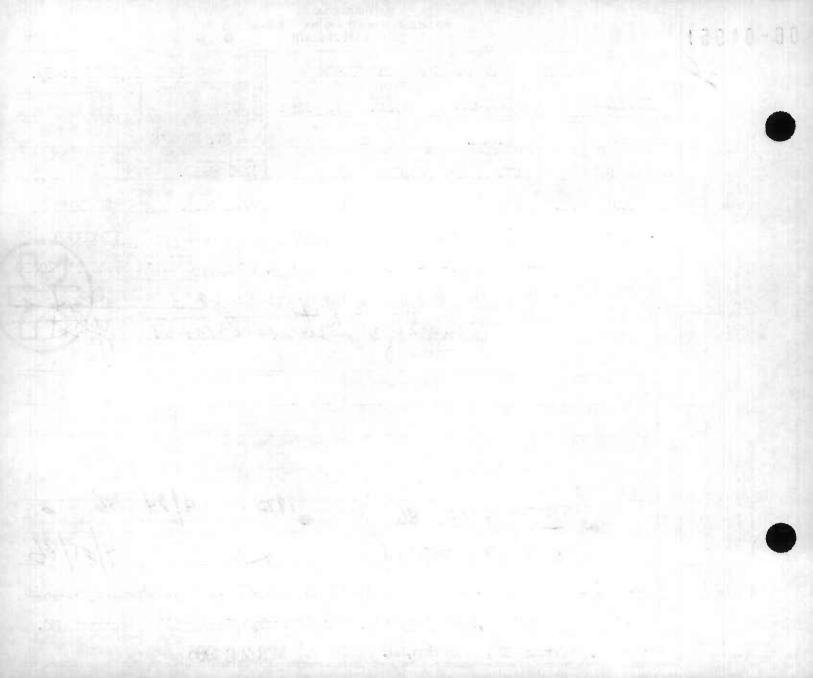
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should be detached for use as with the State Dept. of Health IMPORTANT: If Item 21 is

> 24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

April 26,1986 Churchville Presbyterian



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH (REG NO ECEASED NAME 2h HOUR (TYPE OR PRINT) ESTI-19, 86 DEATH MATED Charles Wright Jerome 4. RACE & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 10 86 Jan. 22, 1938 48 YRS Male White DEAD 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X St. Mary's County Washington, D.C. U.S.A. WIDOWED [DIVORCED O CITY OF TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Dept. of Lexington Park Patuxent Naval Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Defence Jo. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 3. STREET ADDRESS 20 Chesapeake St. S.E. #1 N/A Washington D.C. YES X NO TI N/A 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Smith William Wright Anastasia Genevieve Lester 17. INFORMANT &g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRES353 64th Avenue (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Theda Mooney (Sister) Riverdale, Md. 2073 220-34-9108 Yes-Army 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Diabetes Mellitus 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES TO NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Autopsy XX 220. I certify that I took charge of the remains Bescribed above, held an Inspection Natural causes Hamicide ___ death resulted fro Undetermined manner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 4-20-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balt., MD 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATOR 4/24/86 Burial Maryland Veterans Cem. Cheltenham Cem. | Che Ltenham P. G. | 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE Marylan Francis Gasch's Sons funeral Home, P.A. Julia Davidson- Aanderse DHMH - 17 APR 22 1986 (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Maryland 2078

STATE OF MARYLAND

